

Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

Disease/Agent Suspected or Test Requested:

Salmonella species

Provider Requirements	 Isolate or specimen submission REQUIRED. Contact <u>CEDEP</u> if foodborne outbreak is suspected.
Acceptable Specimen Sources/Type(s) for Submission	StoolCulture Isolate
TDH Requisition Form Number	PH-4182
Media Requirements	Stool:
Special Instructions	 C & S Culture Transport Media: CIDT specimens should be forwarded to arrive at the laboratory within 4 days of specimen collection. Isolates should be submitted within 2 weeks of isolation.
Shipping Instructions	Ship Room Temperature / Ambient
Laboratory Section Performing Testing	Enterics
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).